

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number

08/250785

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	\$355.00
x\$11=	
x 37=	
+115=	
TOTAL	

RATE	FEE
	\$710.00
x\$22=	88
x 74=	296
+230=	
TOTAL	1094

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x 37=	
+ 115=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x 74=	
+230=	
TOTAL	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x 37=	
+ 115=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x 74=	
+ 230=	
TOTAL	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x 37=	
+115=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x 74=	
+230=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



# PATENT APPLICATION FEE DETERMINATION RECORD

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## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	365.00
x\$11=	
x38=	
+120=	
TOTAL	

RATE	FEE
	730.00
x\$22=	88
x76=	304
+240=	
TOTAL	1122

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	020	1	08250785	00337	941125	941208	581	40.00
C	080	1	08250785	00103	941202	941212	118	1,360.00
C	080	1	08250785	00103	941202	941212	101	730.00
C	080	1	08250785	00103	941202	941212	105	130.00
C	080	1	08250785	00106	941202	941212	103	88.00
C	080	1	08250785	00106	941202	941212	102	380.00
D	180	1	033821	18058	950210	950210	102	76.00-

NO MORE TRANSACTIONS

END OF YOUR QUERY

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	020	1	08250785	00337	941125	941208	581	40.00
C	080	1	08250785	00103	941202	941212	118	1,360.00
C	080	1	08250785	00103	941202	941212	101	730.00

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1-31-95

2 Serial/Patent # 08/250,785

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing			\$ 76. <sup>00</sup>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 76.<sup>00</sup>

8 TO BE REFUNDED BY:

10 REASON:

<input checked="" type="checkbox"/>	Overpayment
<input type="checkbox"/>	Duplicate Payment
<input type="checkbox"/>	No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 

0	3	--	3	8	2	1
---	---	----	---	---	---	---

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: David Russell

TITLE:

SIGNATURE: David Russell

PHONE: 308 1172

OFFICE: DNK

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: [Signature]

DATE: 2/10/95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B